



DIVISION: NC DHHS Privacy and Security Office	POLICY NAME: Alternative Confidential Communication
PAGE: 1 of 4	REPLACES POLICY DATED: None
EFFECTIVE DATE: 03/25/19	ORIGINAL EFFECTIVE DATE: 03/25/19
REVISED DATE:	APPROVED DATE: 03/22/19
APPROVED BY: Pyreddy Reddy, CISO; Sam Gibbs, Deputy Secretary IT Operations	

SCOPE: This policy applies to all NC DHHS workforce members including, but not limited to employees, trainees, volunteer, and other persons who conduct performance of work for NC DHHS in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Administrative Standards (45 CFR 164.522) and applicable state laws.

DEFINITIONS:

Alternative Confidential Communication- Communication from healthcare provider to patient or authorized patient representative by an alternative means or at an alternative location. Examples of alternative communication include: alternative mailing address, alternative phone number, or using an alternative communication vehicle (email or phone) rather than the healthcare provider's standard method of communication.

Protected Health Information (PHI)- Any individually identifiable health information, including genetic information and demographic information, collected from an individual that is created or received by a covered entity.

Personally Identifiable Information (PII) - Information which can be used to distinguish or trace an individual's identity alone (name, social security number, biometric records, etc.) or when combined with other personal or identifying information which is linked or linkable to a specific individual.

Workforce Member- Employees, volunteers, trainees, and other persons who conduct performance of work for a healthcare component regardless if they are paid or not paid by the covered entity.

PURPOSE:

To establish requirements and provide guidance to all NC DHHS workforce members regarding alternative confidential communication requests for protected health information (PHI) and personally identifiable information (PII) pursuant to 45 CFR 164.522 (b) standards and applicable state laws.

POLICY:

The Health Insurance Portability and Accountability Act (HIPAA) requires that a covered entity permit an individual to request alternative communication for PHI and PII. The covered entity must accommodate reasonable requests to receive the information requested by alternative means or at alternative locations.



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PROCEDURE:

The following procedures define the process for complying with an individual's reasonable request(s) for alternative communication:

1. An individual request for alternative means of confidential communication must be made in writing utilizing the NC DHHS alternative confidential communication request form.
2. NC DHHS workforce must accommodate all reasonable requests to receive confidential communications by alternative means or at alternative locations and will not require an explanation from the individual as to the basis for the request.
3. Reasonable requests include using alternative telephone numbers, alternative addresses, refraining from leaving messages on answering machines, and refraining from mailing information to the individual. Unreasonable requests are those that would be too difficult technologically or from an administrative standpoint for the NC DHHS to accommodate.
4. The NC DHHS Division and Office Privacy Officials or designated staff will be responsible for receiving, processing, and responding to requests for alternative confidential communication.
 - a. If the request is for an alternative address, telephone, or e-mail, the designated staff member may approve it at the time of the request.
 - b. Approved requests for alternative communication must be communicated to all DHHS personnel who may be involved in the use or disclosure of the individual's PHI and PII. Each NC DHHS Divisions and Offices Privacy Official will ensure appropriate internal alternative communication protocols are in place based on the division/office need.
 - c. If the request for alternative communication is denied, the reason for the denial must be documented on the alternative communication request form.
 - d. The NC DHHS Divisions and Offices Privacy Officials or designated staff member must contact the requestor in writing to inform of the reason for the denial.
 - e. The NC DHHS Divisions and Offices Privacy Officials or designated staff member will document the acceptance or denial of an individual's request for alternative confidential communication request on the request form.



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5. All alternative communication documentation relating to the request must be included in the patient's medical record.
6. To ensure compliance with alternative communication requests, DHHS workforce members must review the patient's medical record (paper or electronic) to determine whether a requestor has been approved for alternative confidential communication.

Denial Requests

NC DHHS may deny a request for alternative confidential communication only if:

1. The request is unreasonable from a technological or administrative standpoint.
2. The requestor does not provide an alternative address or alternative method of contact.

Exceptions

If it is necessary to communicate urgently with the patient, NC DHHS workforce may use any available address or phone number in accordance with 45 CFR 164.510.

REFERENCES:

- Health Insurance Portability and Accountability Act (HIPAA), Rights to Request Privacy Protection for Protected Health Information, 45 CFR 164.522 (b) and 45 CFR 164.510.
- NC DHHS Alternative Confidential Communication Request Form
- North Carolina Identity Theft Protection Act



ALTERNATIVE CONFIDENTIAL COMMUNICATION REQUEST FORM

PATIENT INFORMATION

Patient Name: _____ Request Date: _____
Street Address: _____ Birth Date: _____
City/State/Zip: _____ Last 4 of SSN# (optional): _____
Telephone #: _____ MRN#: _____

PERSON REQUESTING ALTERNATIVE COMMUNICATION

Name: _____ Telephone #: _____
Street Address: _____ Other Telephone #: _____
City/State/Zip: _____ Relationship to Patient: _____

ALTERNATIVE CONFIDENTIAL COMMUNICATION REQUEST

Please document the type of confidential communication you are requesting. Be specific as to the type of communication you would like to receive and an alternative means or location:

Signature of Patient or Patient's Personal Representative Date

NC DHHS PERSONNEL USE ONLY

Accepted: ____ Denied: ____
If denied, please state the reason for denial: _____
Individual written notification of denial or acceptance date: _____
Privacy Official or Designated Representative Signature: _____ Date: _____